

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-15979		OH-2 OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN CITY LEBANON				DATE OF CRASH 9/18/15		DAY TUES		TIME MILITARY 12:50	
CRASH OCCURRED ON PARKING LOT, 1425 COLUMBUS AVE				WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)								CITY CODE	
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A UNIT NO 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT ALL STATE							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) THOMAS, JAMES				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) 96 E. PERIN RD, LEBANON, OH									
PHONE NO 513-932-3471		BIRTH DATE 9/1/51		AGE 64 F		SEX		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO R5409497	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS								PHONE	
VEH YR 12		MAKE FORD		MODEL Focus		COLOR SLV		STYLE HB		STATE OH		LICENSE PLATE NO 6MK5396	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT ALL STATE							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) EASTER, GINGER				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE) 347 CHURCHILL CT, LEBANON									
PHONE NO 513-265-5515		BIRTH DATE 11/27/81		AGE 33 F		SEX		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO Rn321692	
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS								PHONE	
VEH YR 11		MAKE CADILLAC		MODEL ESCALADE		COLOR GRN		STYLE SW		STATE OH		LICENSE PLATE NO 6EX7411	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
		ADDRESS		PHONE		SEX							
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						CONDITION A B C D E F	
		ADDRESS		PHONE		SEX							
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
		ADDRESS		PHONE		SEX							
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
D E F		INJURED TAKEN TO		By				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
A		OFFENSE CHARGED AND DESCRIPTION						EJECTION		DRUGS			
O		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		A B C D E F			
RECEIVED CALL 1250		DISPATCHED 1252		ARRIVED 1304		CLEARED 1320		OTHER TIME		TOTAL MINUTES 16			
DATE REPORT FILED 9/14/15		PHOTOS YES		OFFICER'S NAME J. DEHLE		BADGE NO 124		CHECKED BY					
								1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			